

Name
in
Full

Hannah M Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Princess Anne</u>		Town <u>Princess Anne</u> County <u>Somerset</u>		MARYLAND		
Date of death <u>1905 Oct</u>	Month <u>Oct</u>	Day <u>24</u>	Years <u>66</u>	Age <u>66</u>	Months <u>10</u>	Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Burnt Abbey, Co. Wexford, Ireland</u>				
Occupation <u>Bookkeeper</u>	Where Residing if not at place of death <u>Harriet E Adams</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Harriet E Adams</u>	Father's Name <u>Robert Adams</u>				
Mother's Maiden Name <u>Prudence P Davis</u>		Father's Birthplace <u>Burnt Abbey, Co. Wexford, Ireland</u>				
Name of person giving Information <u>Harriet E Adams</u>	Mother's Birthplace <u>Burnt Abbey, Co. Wexford, Ireland</u>					
How related to deceased <u>Wife</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

Several Years

Immediate

Results of injury

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Chas. W. Williamson

Address

Princess Anne
Md.

Accident or Suicide?

John Braxton

70

Town

County

MARYLAND

Died at Debiller Somersett.

Month Day

Y. M. D.

Native of

Va.

Occupation

Date 1905:

Oct. 16.

Age

85.

0

0

0

Native of

Va.

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Harriet Braxton

Wife

Mother's

Father's

Maiden Name

Name

Julie Braxton

Cause of

Primary

Old age.

How long sick

Death

Immediate

Heads family

Accident, Suicide, Homicide

Reported by

J. M. Cocks No. 19

Address

Providence

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Alfred Burton

Died at		Town	County		Native of			MARYLAND		
1905	109	Tulsa, Comer,	Somerset		Somerset Co			Occupation		
Month	Day	Y.	M.	D.						
Oct.	21	—	6	1						
Male	White	Married	Widow	Divorced						
Female	Colored	Single	Widower	Number of children living						
Husband of										
Wife										
Father's Name	Charles Burton									
Mother's Name	Minnie Burton									
Cause of Death	Primary	How long sick								
Death	Mal-nutrition	179	Accident, Suicide, Homicide							

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Wm. Clark

an George, Son.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Deal's Island, Town Somersh, County

MARYLAND

Date of death 1905 Month Oct. Day 15 Years 35 Months - Days -

Sex Male Color or Race White Birth-place Unknown

Occupation Waterman Where Residing if not at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

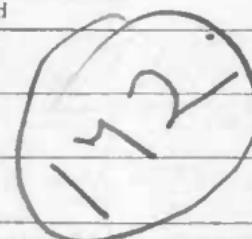
Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased



CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Drowning How long

Immediate How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Geo B Horner Coroner
and Justice of the Peace
Deal's Island, Md.

Accident or Suicide?

I have waited to ascertain
the Name of the Deed,
and find his Name
was

William Clark

by Ted D. Horner

Name
in
Full

Holan Dixon

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

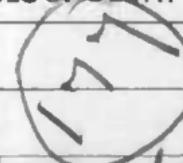
Died at	Town	County	MARYLAND	
Date of death	1905 Oct 15	Day	Years	Months Days
Sex	Male	Color or Race	Age	Black
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	James Dixon			
Mother's Maiden Name	Rosetta Brittingham			
Name of person giving Information	James Dixon			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Dropsy



How long

2 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

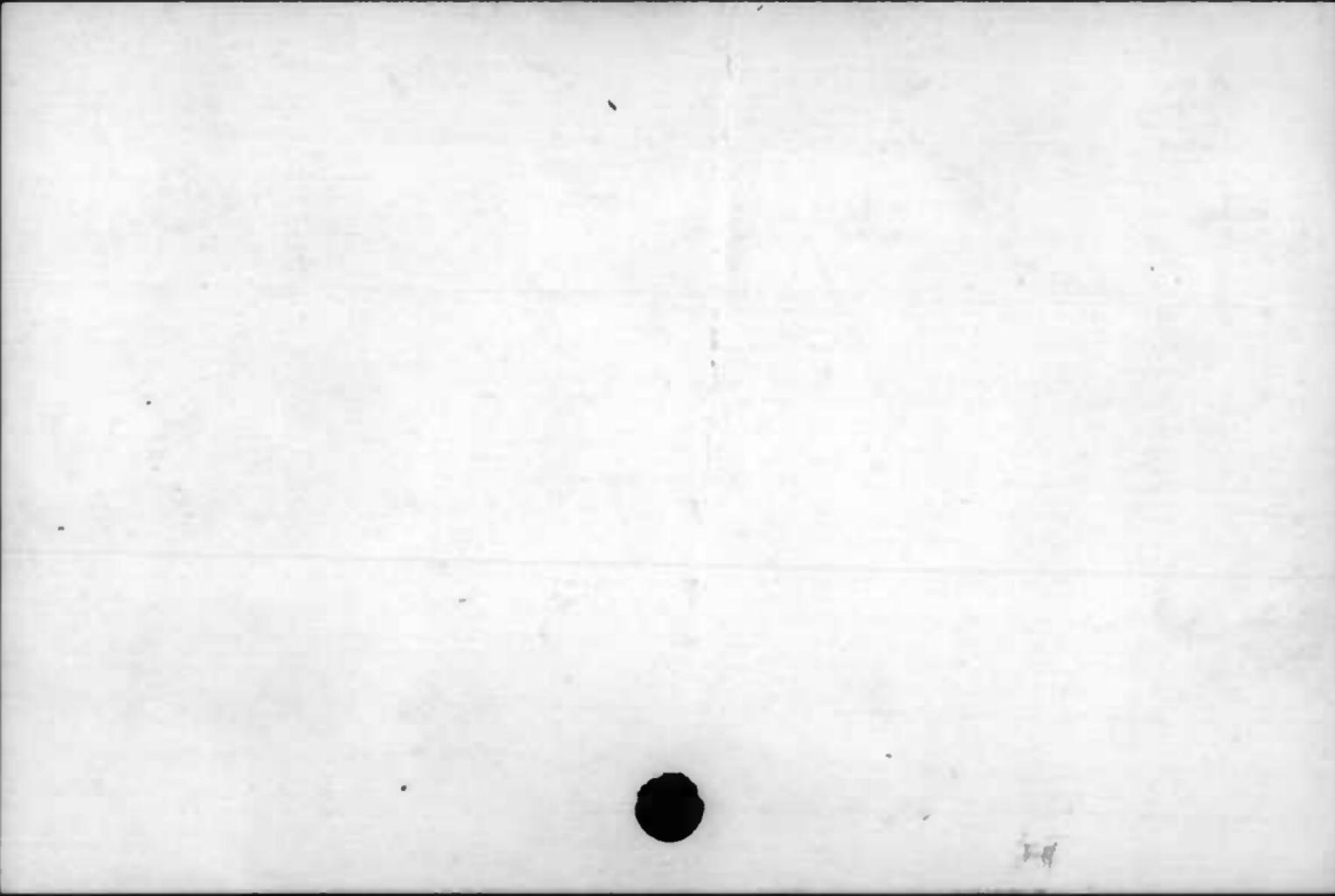
yes

Signature of Physician

Address

V. G. E. Dickinson
Upper Fairmount

Accident or Suicide?



Name
in
Full

Mary Folks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>P. Anne</u>		County <u>Somerset</u>		MARYLAND	
Date of death <u>1905 Oct</u>	Month <u>Oct</u>	Day <u>29</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>P. Anne.</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>11 11</u>				
Married, Single or Widowed	Name of Wife or Husband <u>John Folks</u>	Father's Birthplace <u>P. Anne</u>			
Father's Name <u>John Morris</u>	Mother's Birthplace <u>11 11</u>				
Mother's Maiden Name <u>Agness Morris</u>	How related to deceased <u>Husband</u>				
Name of person giving Information <u>John Folks</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

21

How long

Unknown.

Immediate

Unknown

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

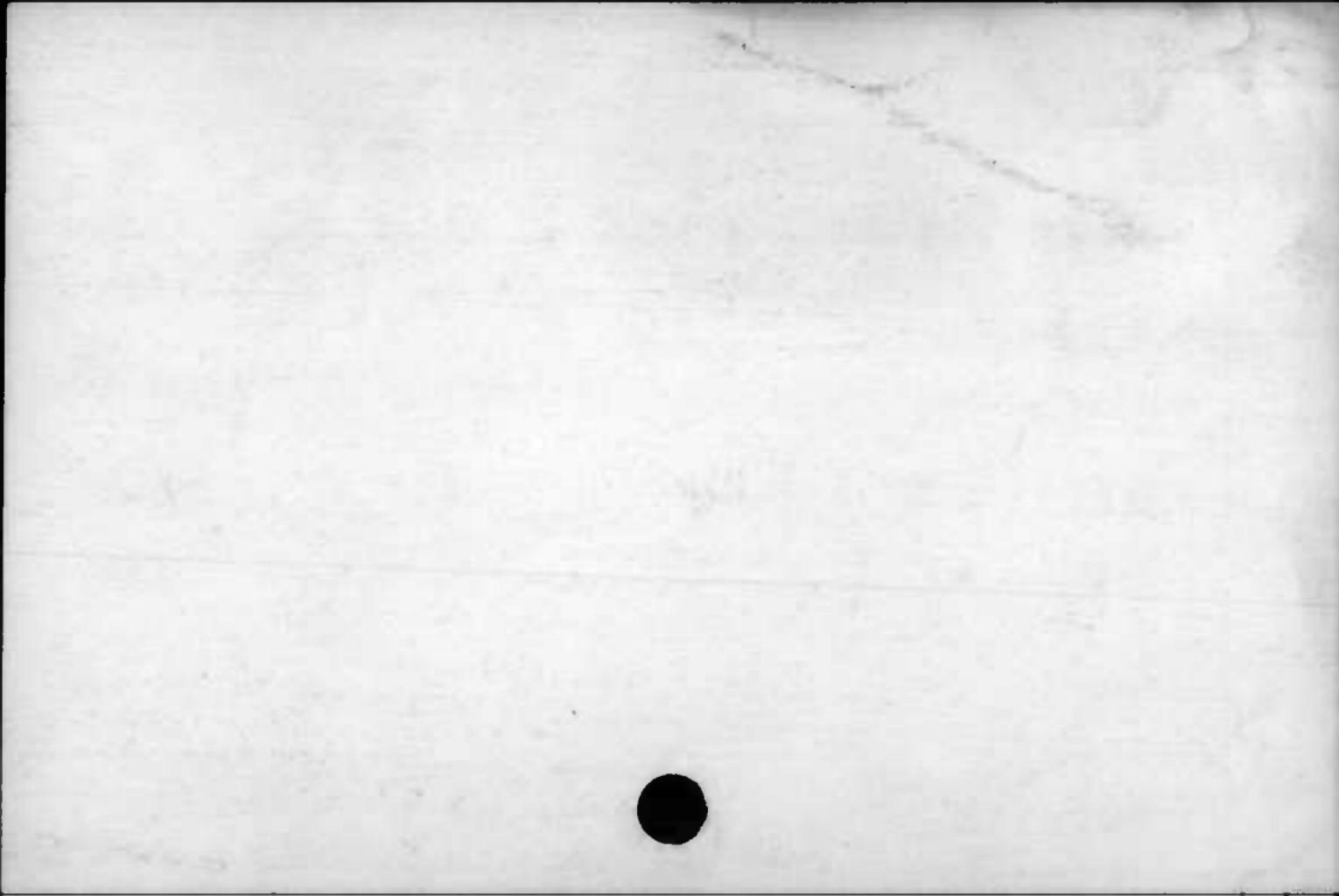
Signature of Physician

Blair Folks M.D.

Address

Drummond Avenue, New

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death			Philadelphia, Pa.	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Albert Jones			How related to deceased	None

CAUSES OF DEATH

Primary

Drowning

How long



Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

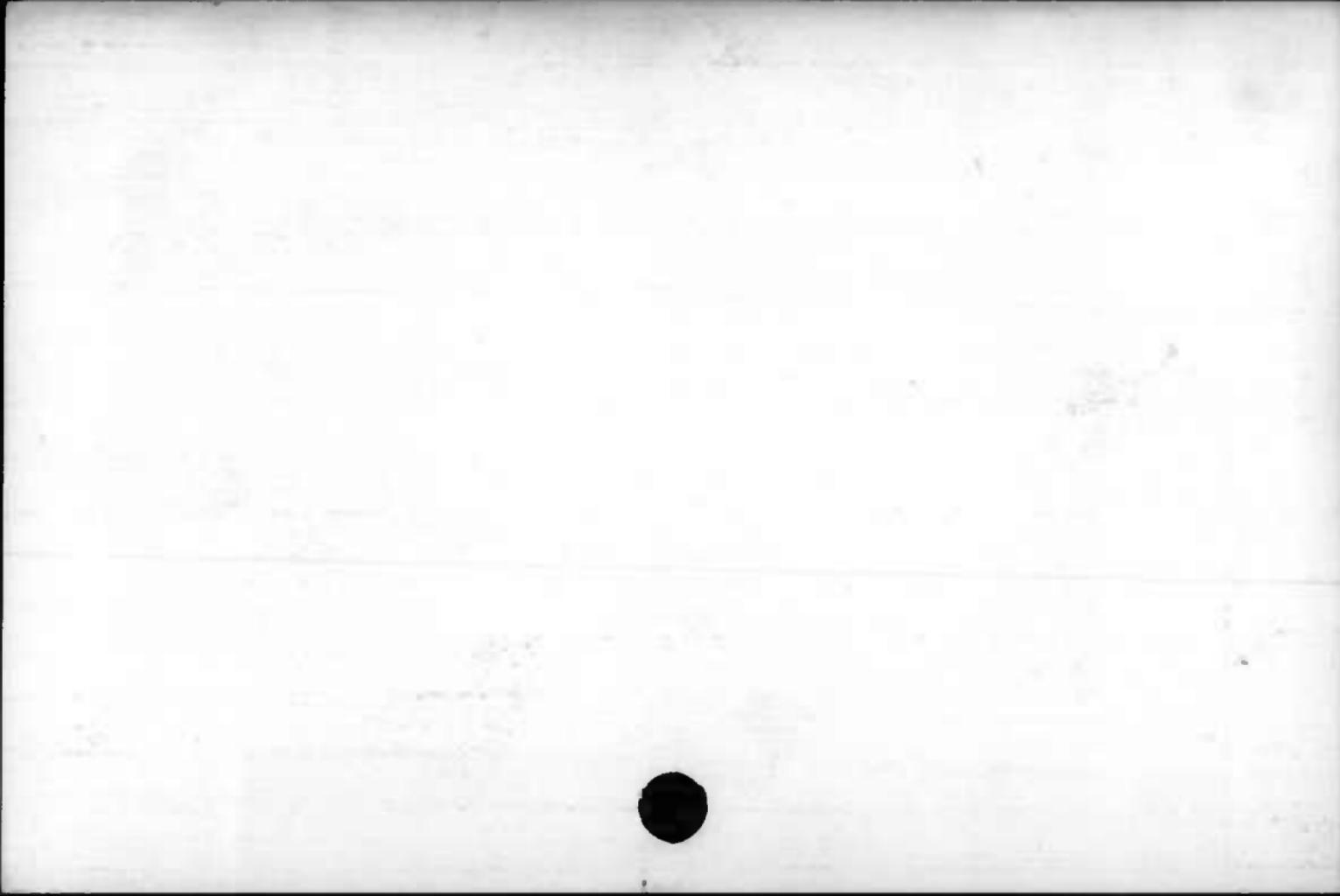
Signature of Physician

Address

S. J. Wudoor M.D.
Jones Doctor,
Somerset Co., Md.

Accident or Suicide?

Accident



Name
in
Full

Maurice Corain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

Died at Dames Quarter, County Somerset, MARYLAND
Date of death 1905 Oct. 30th, Age 35.
Sex Male, Color or Race White, Birth-place Dames Quarter, Bell's, Md.
Occupation Oyster man, Where Residing if not at place of death Bell's, Md.
Married, Single or Widowed Married, Name of Wife or Husband Besie Garew.
Father's Name Shos G. Garew, Father's Birthplace Sime. Co.
Mother's Maiden Name A. Emily Garew, Mother's Birthplace Carolina S.
Name of person giving information Walter G. Garew, How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Injury

160

Wrong

Immediate

Immediate

How long

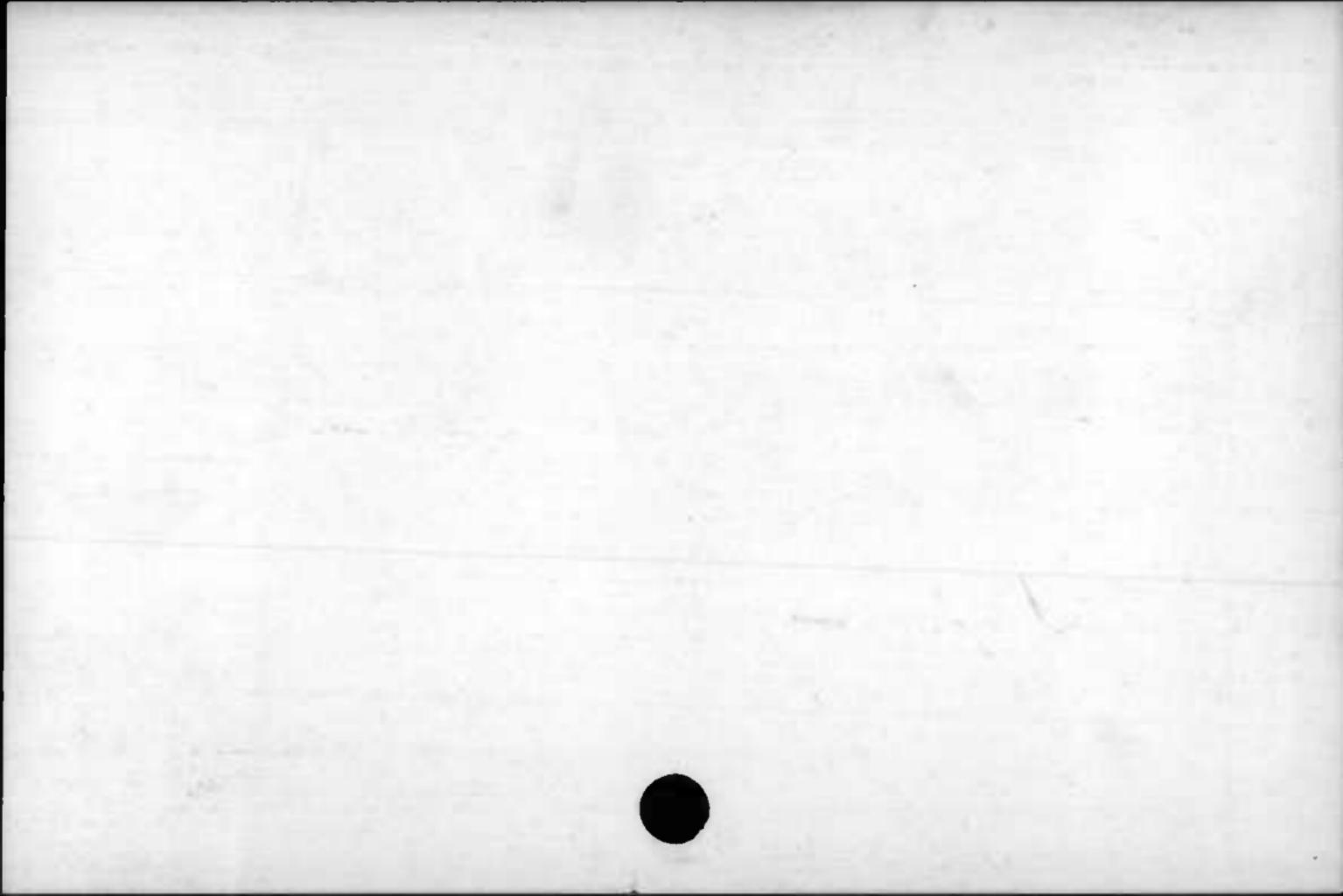
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Walter G. Garew
Dames Quarter
Md.

Accident or Suicide?



Alfred Hargis

Town

Brinkley

County

Somerset

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Date 1905

Oct. 1

Age

43 0 0

Married

Widow

Occupation

Single

Widower

Divorced

Number of children living

Male

White

Female

Colored

Husband of

Francis Hargis

Wife

Father's

Name

Mother's

Maiden Name

Francis (don't know)

Cause of

Primary

Tuberculosis of Kidneys

How long sick

12 months

Death

Immediate

Heart Failure

33

Accident, Suicide, Homicide

Reported by

F. M. Eccle M. D.

Address

Pocomoke

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rosa Harken

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Oct.	Day 16	Years 24	Months 8	Days 15
Sex	Female	Color or Race	Black		Birth-place	Kingston
Occupation	House work		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		John Harken			
Father's Name	Elijah Savage		Father's Birthplace Va.			
Mother's Maiden Name	Mary G. Wilkins		Mother's Birthplace Kingston Md.			
Name of person giving information	Elijah Savage		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	21	How long	4 or 5 yrs
Immediate	General Weakness	21	How long	several Weeks

Are the name, age, sex, color, date and place correctly given above?

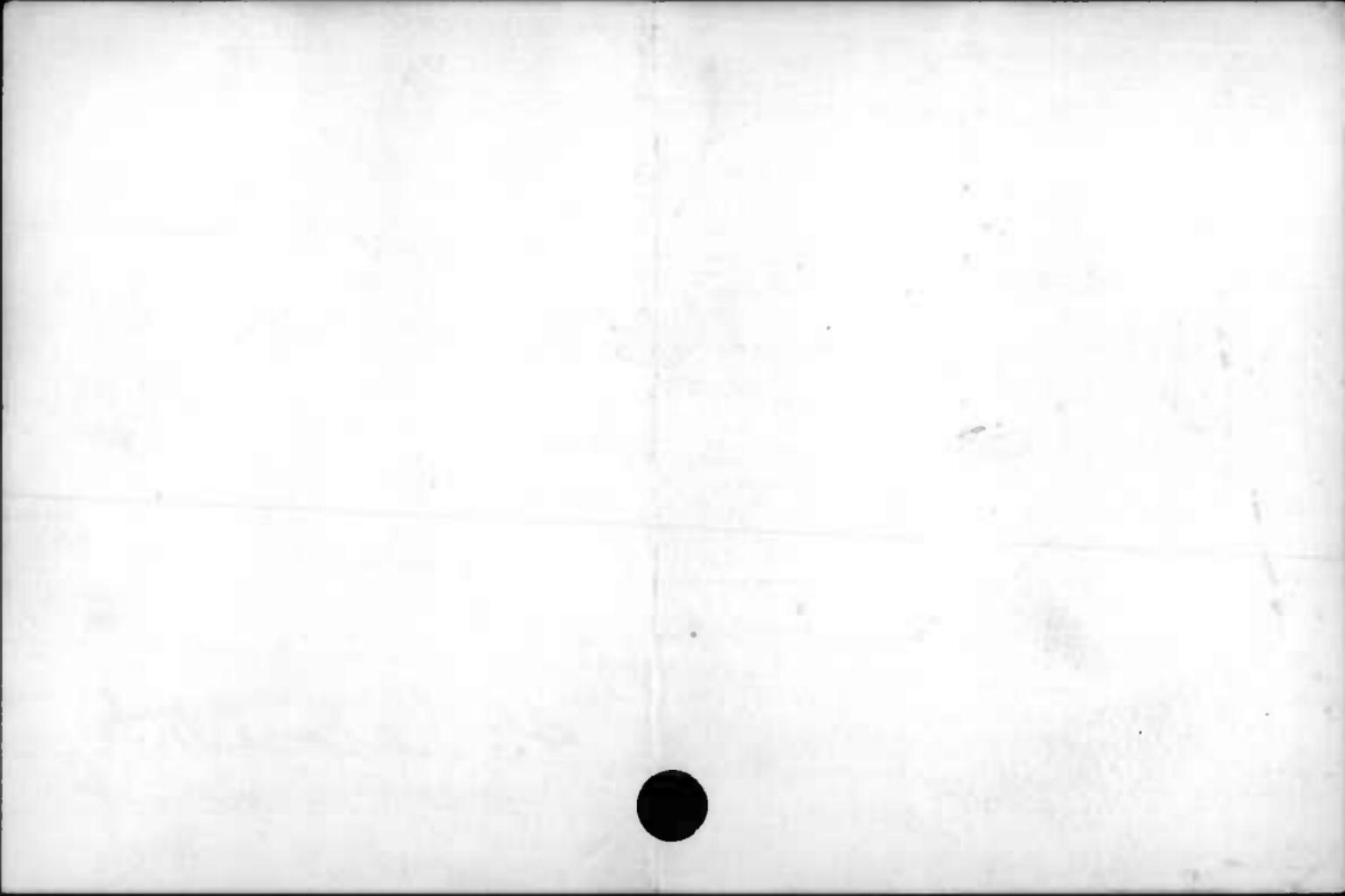
Signature of Physician

Dr. J. Allen

Address

Marion
Md.

Accident or Suicide?



Name
in
Full

William E. Horsley

CERTIFICATE OF DEATH

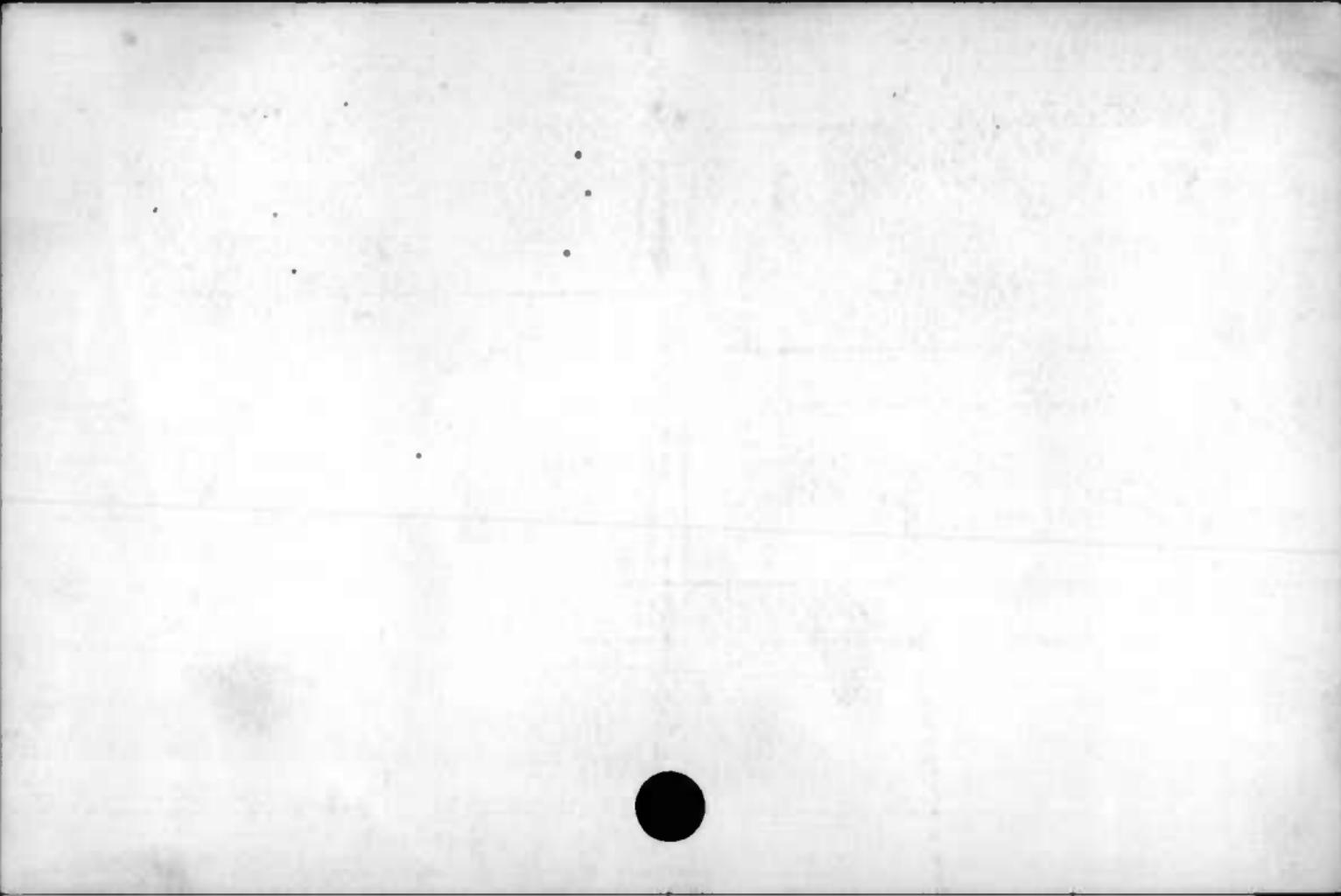
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Major Station	Town	County	MARYLAND		
Date of death	28 Oct 1905	Month Day	Years	Months	Days	
Sex	Male	Color or Race	Age			
Occupation	Merchant	Where Residing If not at place of death			Place of birth	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Elisha Horsley	(2)			Father's Birthplace	Major Station
Mother's Maiden Name	Marynt Horsley				Mother's Birthplace	
Name of person giving information	Elisha Horsley				How related to deceased	Lawson's Dick.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	2 Years
Immediate	"	"	How long	"
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	S. E. Maloney M.D.
Yes			Address	Upper Fairmount St.
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mr. Henry Hatch

CERTIFICATE OF DEATH

Died at <u>Domesticated</u>		Town <u>MD</u>	County <u>MD</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>10</u>	Day <u>20</u>	Years <u>50</u>	Age <u>50</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>	Where Residing if not at place of death <u>Holmes</u>		Birth-place <u>Baltimore</u>		
Occupation <u>Farm</u>	Name of Wife or Husband <u>Henry Hatch</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Henry Hatch</u>					
Father's Name <u>Henry Hatch</u>			Father's Birthplace			
Mother's Maiden Name <u>Loretta Hatch</u>			Mother's Birthplace			
Name of person giving information <u>Jefferson Smith</u>			How related to deceased <u>son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

(79) ✓ How long

Immediate

How long

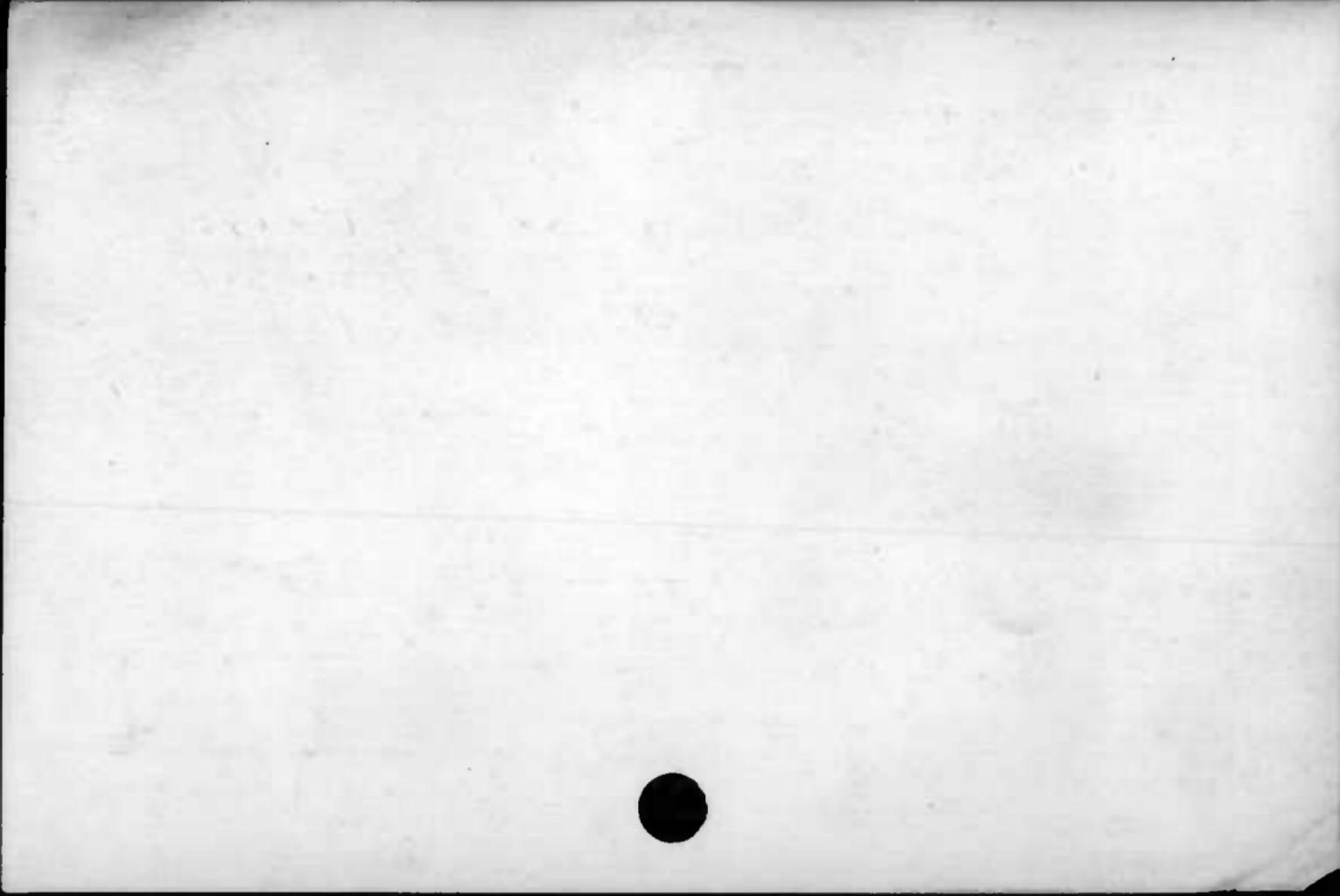
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James J. Dennis
undertaker

Accident or Suicide?



Name
in
Full

John Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town			County	MARYLAND	
Died at	Upper Fairmount			Somerset		
Date of death	Month	Day	Age	Years	Months	Days
1905	Oct	26		2	3	9
Sex	Male	Color or Race	White	Birth-place	Upper Fairmount	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed		Native of Wife or Husband				
Father's Name	Horatio Holland			Father's Birthplace	Somerset '00	
Mother's Maiden Name	Annie Beauchamp			Mother's Birthplace	Somerset '00	
Name of person giving information	My own Knowledge			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intestinal Obstruction		How long	One week
Immediate	Peritonitis		How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	G. E. Dickinson
			Address	Upper Fairmount
Accident or Suicide?				Md.



Thos. W. Landon
Landonville
Md.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Wesley Johnson

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Male	Color or Race	Colored	Birth- place	Princess Anne	
Occupation	Laborer			Where Residing if not at place of death	''	''
Married, Single or Widowed	Name of Wife or Husband			Father's Name	Father's Birthplace	
Father's Name	Ambrose Johnson			Ambrose Johnson	Yonkers Co	
Mother's Maiden Name	Sofia Johnson			Sofia Johnson	Princess Anne	
Name of person giving Information	Ambrose Johnson			Ambrose Johnson	Father	
How related to deceased						

CAUSES OF DEATH

Primary

Having

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

Mr	10.00	Paint
Watson	.75-	Curtains
Sunray	.75-	Carpet
	1.00	tops
	.25	Chairs

14.75

15-
8
200
2.23

Name
in
Full

Georgie L. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1903	Oct.	24th	Age 2
Sex	Color or Race	Birth-place	Days
Female	Colored	Somerset Co.	9 3
Occupation	Where Residing if not at place of death	—	
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	Gus. W. Jones	Father's Birthplace	Somerset Co.
Mother's Maiden Name	Emilia C. Jones	Mother's Birthplace	Somerset Co.
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

④3

How long

6 days

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. J. Windsor, M.D.
Sister Shuler,
Somerset Co., Md.

Accident or Suicide?

No



Name
in
Full

Nellie Laird

CERTIFICATE OF DEATH

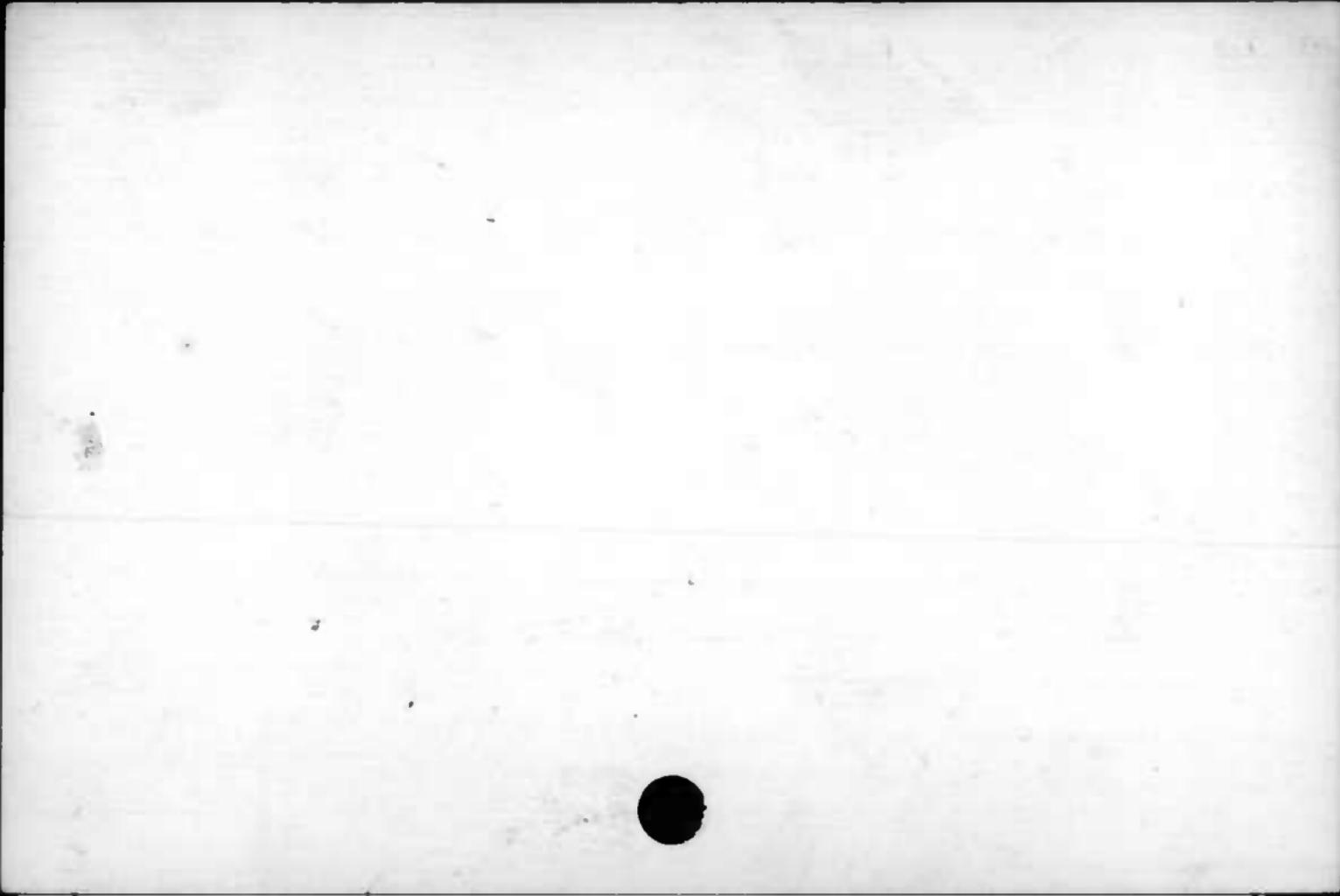
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gaudorville</u>		County <u>Sussex</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>10</u>	Years <u>90</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>doubt. know</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Gaudorville, Md.</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>doubt know</u>	Father's Birthplace <u>doubt know</u>				
Mother's Maiden Name <u>doubt know</u>	Mother's Birthplace <u>—</u>				
Name of person giving Information <u>Wm. A. Ford</u>	How related to deceased <u>no relation</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Old Age</u>	<u>154</u>	How long <u>two weeks</u>
Immediate <u>"</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. A. Ford Underwriter</u>	Address <u>Gaudorville, Md.</u>
Accident or Suicide?		



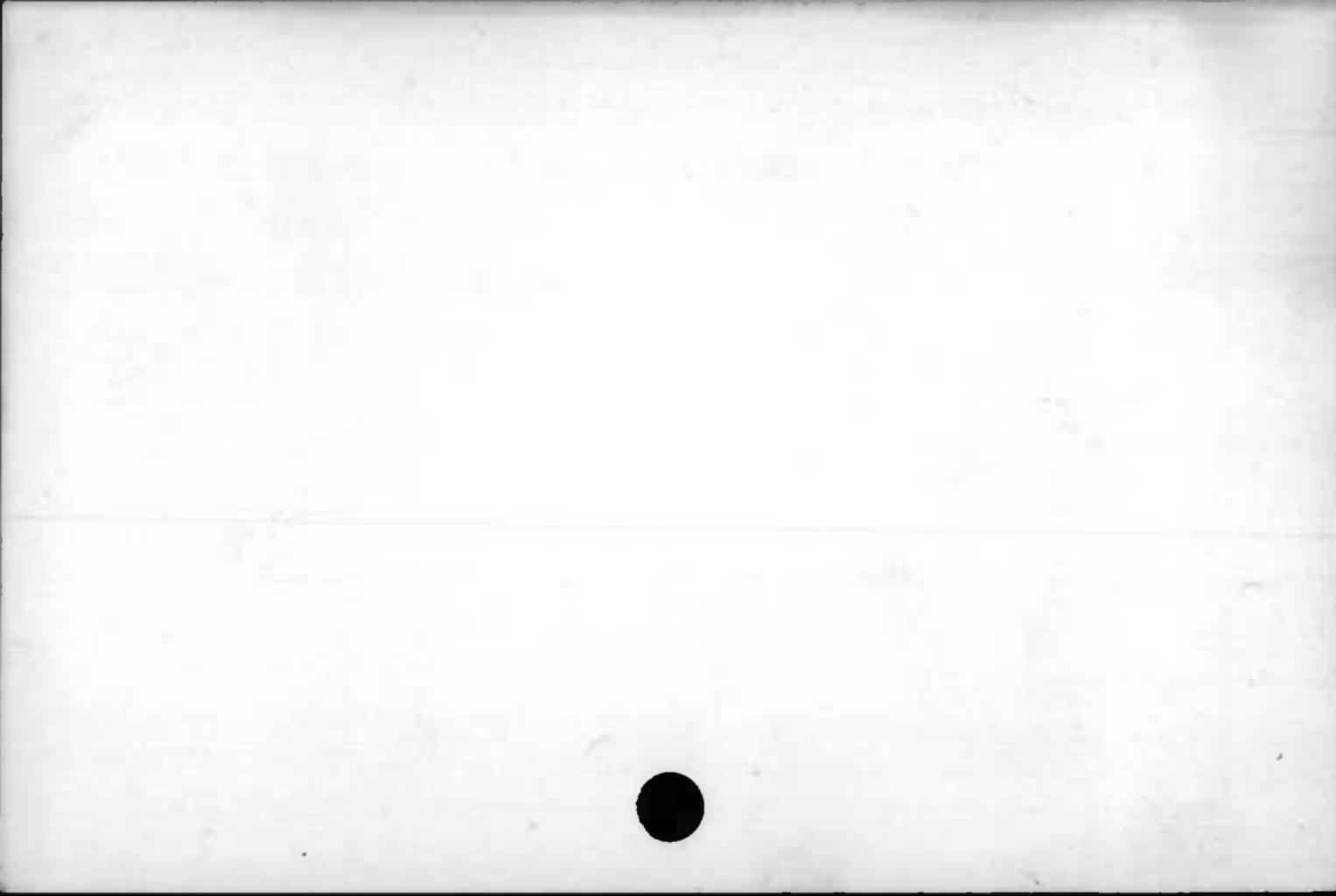
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

✓

<i>James McCabe</i>				CERTIFICATE OF DEATH			
Died at <i>Deals Island</i>		Town <i>Town</i>		County <i>Sussex</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>October</i>	Day <i>12</i>	Age <i>40</i>	Years <i>40</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>white</i>			Birth-place <i>Phila?</i>			
Occupation <i>fisherman</i>			Where Residing if not at place of death <i>With Capt. Hill Wheatley</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>—</i>			Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>				
Name of person giving information <i>—</i>			How related to deceased <i>—</i>				
CAUSES OF DEATH							
Primary <i>—</i>			How long <i>—</i>				
Immediate <i>Drowning</i>			How long <i>—</i>				
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Henry M. Lambford M.D.</i>			
				Address <i>Princess Anne</i>			
Accident or Suicide? <i>accident</i>				Maryland			



Name
in
Full

Henry Madden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Residence	
Married, Single or Widowed	Name of Wife or Husband			Williamanna Collins	
Father's Name	Arthur Madden			Father's Birthplace	Fairmount
Mother's Maiden Name	Fauer			Mother's Birthplace	"
Name of person giving information	Henry Boston			How related to deceased	✓

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

Signed

Immediate

Are the name, age, sex, color, date and place correctly given above?

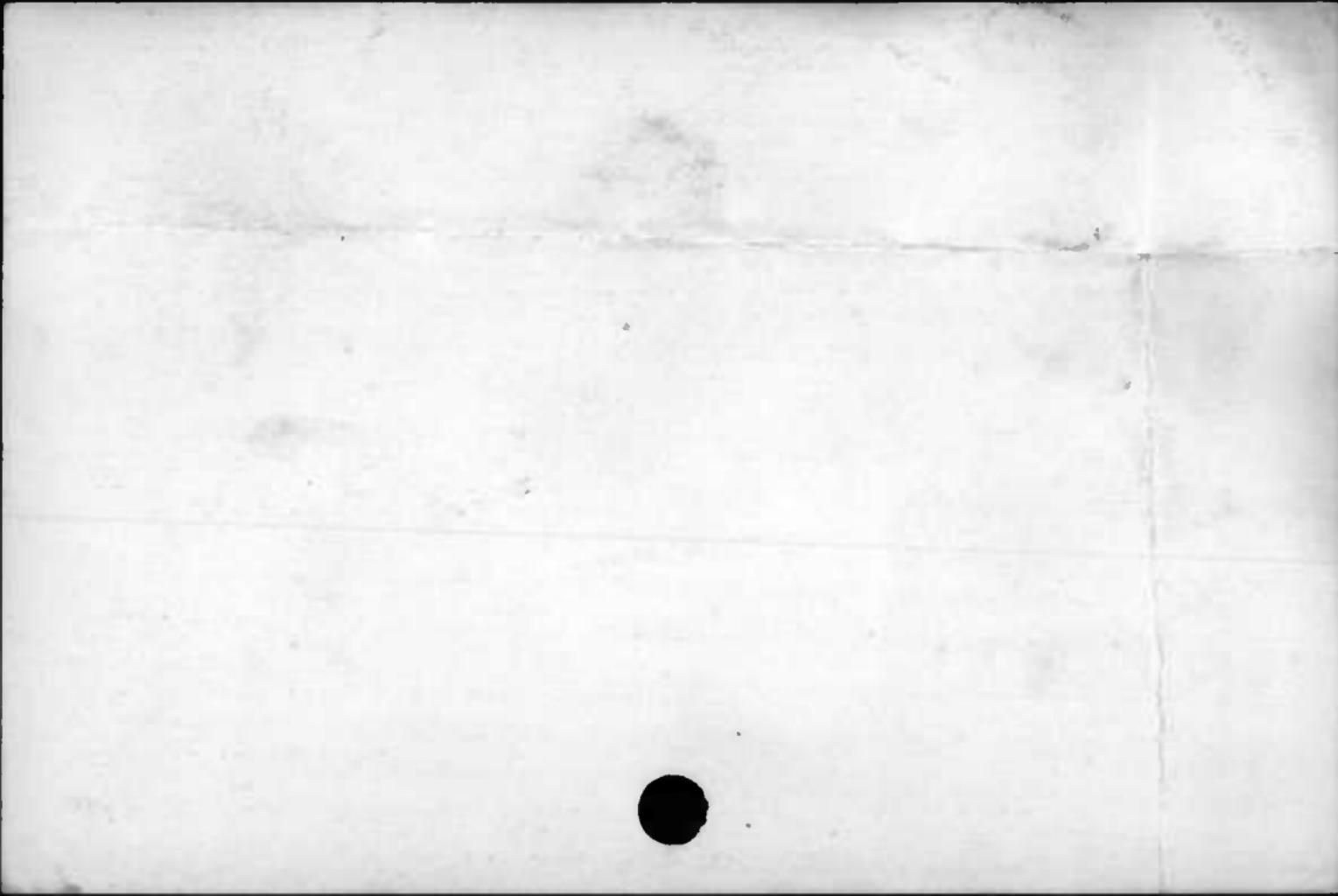
yes

Signature of Physician

Edward S. Wiles, M.D.
Address
Fairmount

Accident or Suicide?

Summerset Cr. Md.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

(Not named) Matthews (m)

CERTIFICATE OF DEATH

Died at <u>Davis</u>		Town <u>Accomack</u>		County <u>Accomack</u>		State <u>VA</u>	
Date of death <u>1905</u>	Month <u>10</u>	Day <u>28</u>	Age <u>—</u>	Years <u>—</u>	Months <u>4</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Davis Va</u>					
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Somerset Co Md</u>					
Father's Name <u>W.H. Matthews</u>	Mother's Birthplace <u>" " "</u>						
Mother's Maiden Name <u>Francis Bee</u>	How related to deceased <u>none</u>						
Name of person giving information <u>A E True</u>							

CAUSES OF DEATH

Primary	<u>Cholera & Faint</u>	How long	<u>4 months</u>
---------	----------------------------	----------	-----------------

Immediate		How long	
-----------	--	----------	--

Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>A E True</u>
--	------------	------------------------	-----------------

		Address	<u>Marvin</u>
--	--	---------	---------------

Accident or Suicide?	<u>(No physician in attendance)</u>		
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MD

Town

County

Died at

Snowtown

Somerset

MARYLAND

Date 1905

Oct. 5.

Y. M. D.

Native of

Occupation

Age 26 10 0

Somerset

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

J. M. Milbomne.

Mother's

Maiden Name

Harriet Dashnee

Cause of

Primary

Typhoid Fever

How long sick

Death

Immediate

Hemorrhage of Bowel

Accident, Suicide, Homicide

Reported by

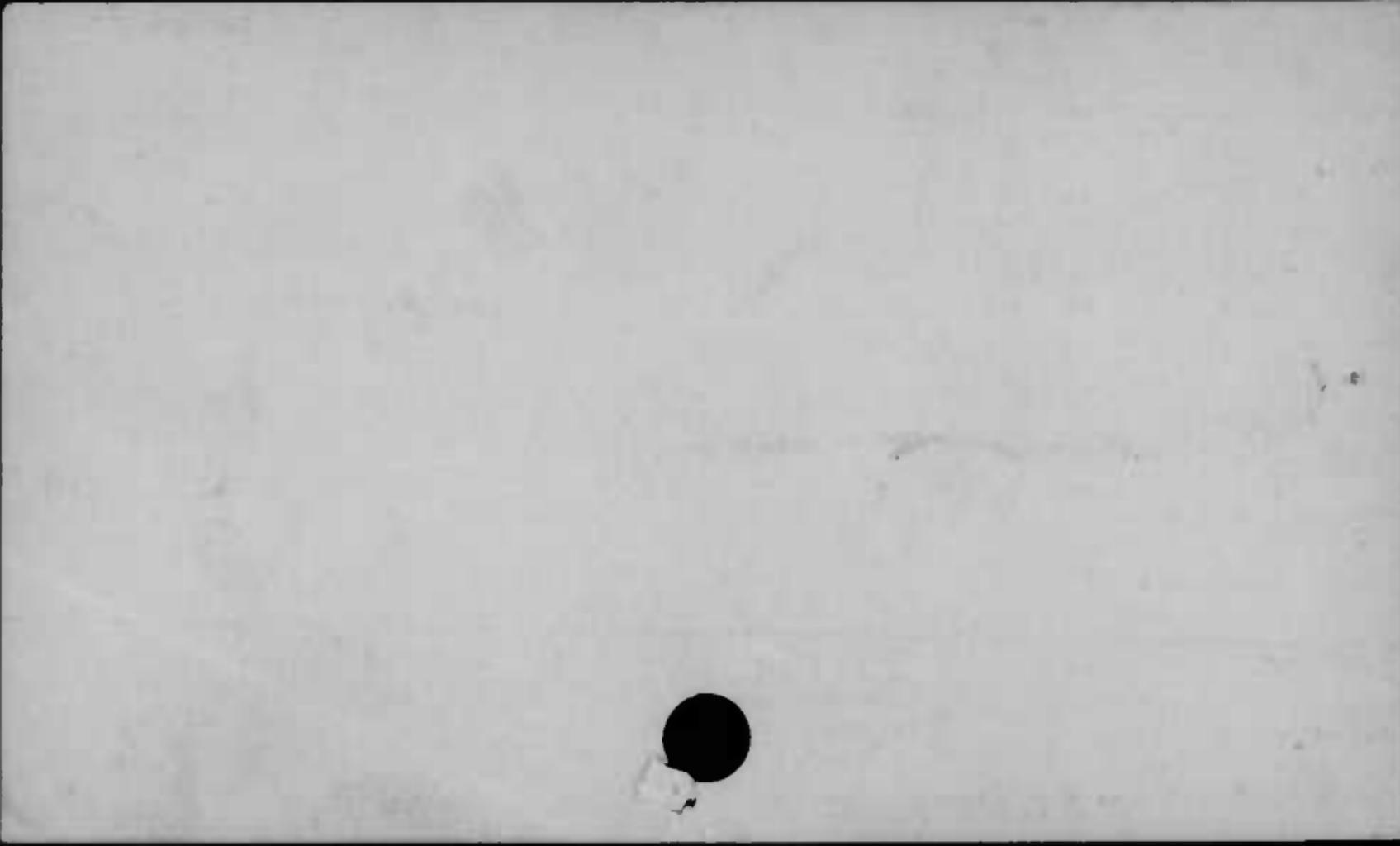
J. W. Eccles M. D.

Address

Pocomoke

Md.

Must be signed by physician, if any in attendance, otherwise by ~~co~~ other, undertaker or minister.



Name
in
Full

Emiline Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Marion

Town

County

MARYLAND

Date
of death

1905

Month

Oct

Day

6

Years

78

Months

Days

Age

Sex

Female

Color or
Race

White

Birth-
place

Somerset Co.

Occupation

House Work

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

William J. Martin

Father's
Name

John Waller

Father's
Birthplace

Somerset Co.

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

R. H. Martin

How related
to deceased

Son

CAUSES OF DEATH

Primary

General Weakness due to age

How long

Immediate

Gradual weakness & heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

J. A. B. Allen

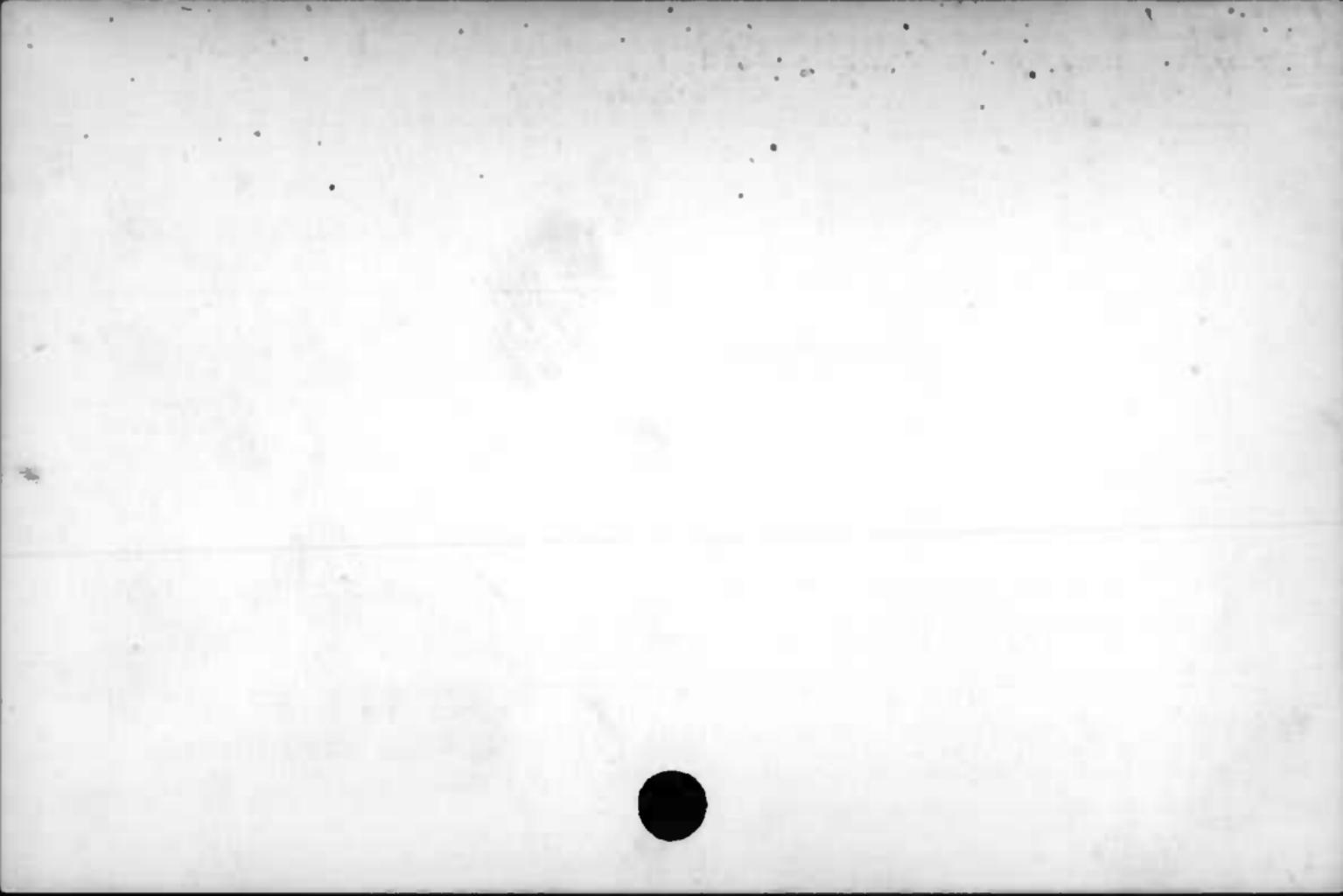
yes

Address

Marion
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Infant

Parkerson (m.m.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Deals Island

County
Somerset

MARYLAND

Date of death 1905 Month Oct 28 Day

Years

Months

Days

Sex

Color or Race

White

Birth-place

Somerset Co

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Johnie Parkerson

Ella Parkerson

Father's
Birthplace

Somerset Co

Mother's
Birthplace

Somerset Co

How related
to deceased

CAUSES OF DEATH

Primary

Crauictomy

How long

Immediate



—

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

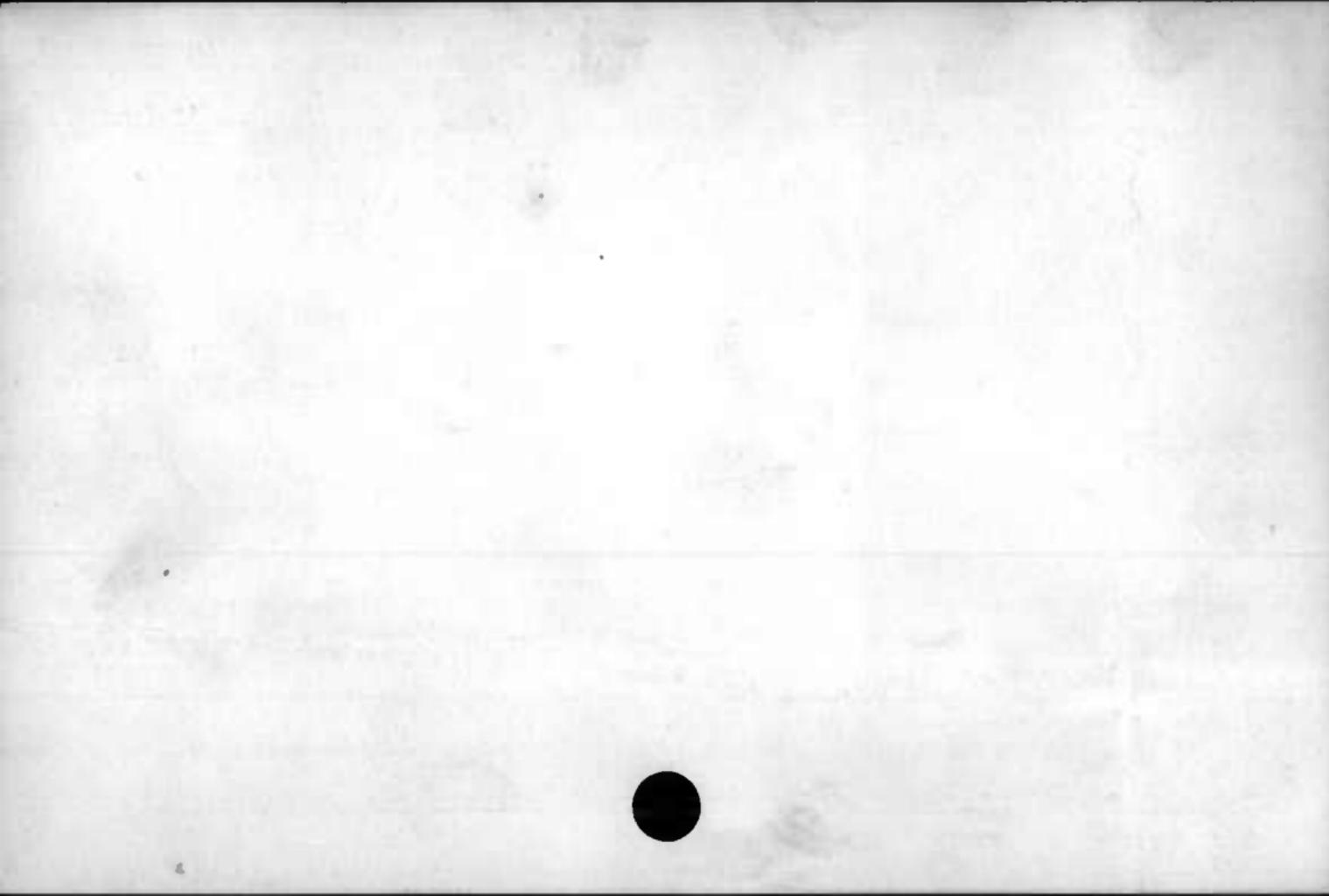
Signature of
Physician

Address

J. G. Alexander
Somerset Co.

Accident or Suicide?

no



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Sarah N. Pusey

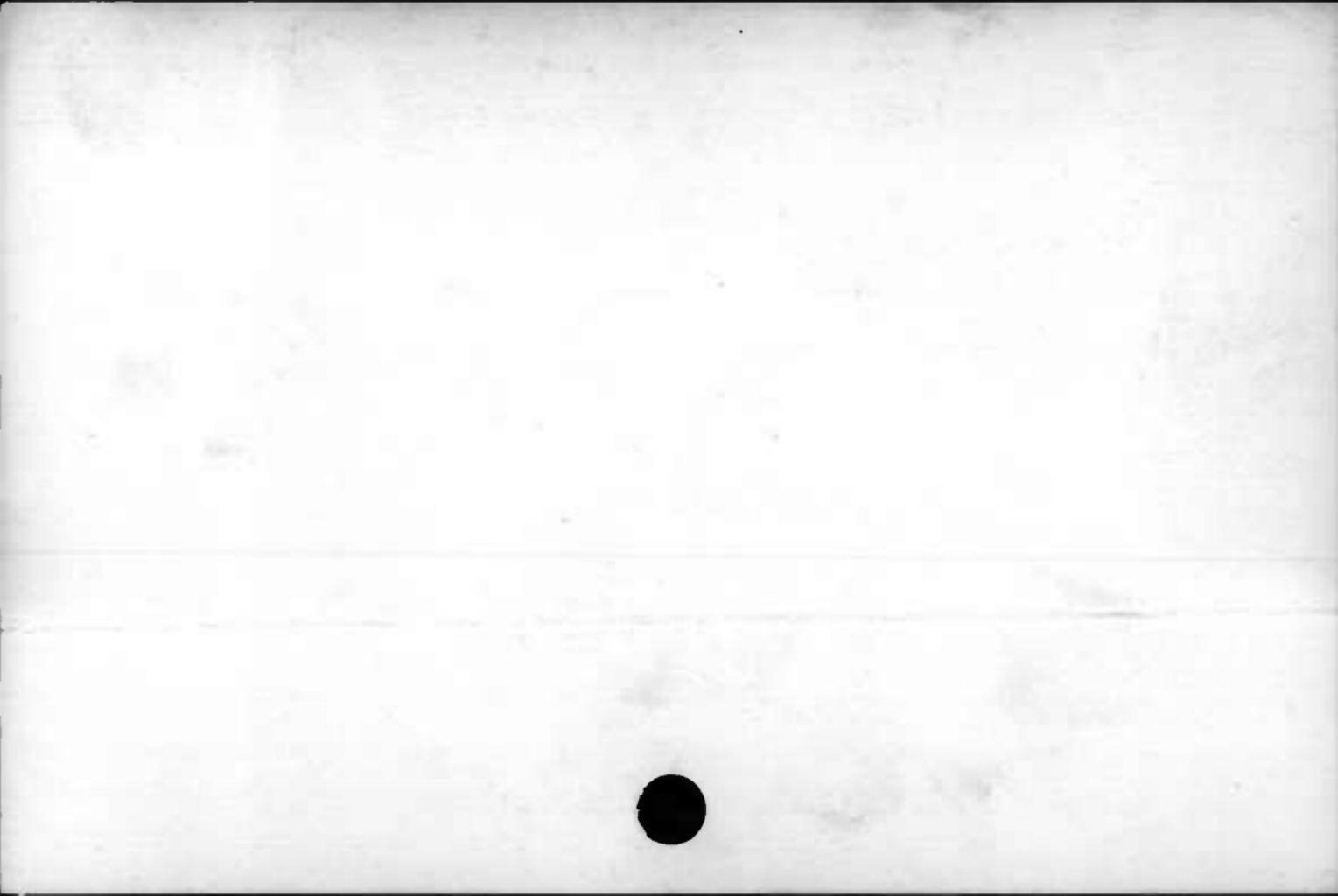
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Age	Years	Months Days
1905	Oct	53	4	26
Sex	Color or Race	white	Baltimore Co. Md.	
Occupation	Where Residing if not at place of death			
Housewife	o			
Married, Single or Widowed	Name of Wife or Husband	T. H. Pusey		
Married		Md		
Father's Name	Wm. Richardson	Md		
Mother's Maiden Name	Cinderella Baumer	Md		
Name of person giving information	Mrs. S. A. Henderson	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of lungs		How long
Immediate	Suffocation		1 1/2 yrs
Are the name, age, sex, color, race and place correctly given above?		How long	
Yr		20 yrs	
Signature of Physician		Address	
J. M. Henderson		Baltimore City	
Address		Signature of Physician	
Accident or Suicide?		Y	



Name
in
Full

Albert Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Mandarin		Town Sons		County MARYLAND	
Date of death 1905	Month Oct	Day 12	Age 18	Years	Months 7
Sex Male	Color or Race bol.	Birth- place Mandarin		Days 12	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Name Albert Smith	
Mother's Maiden Name Whilainen				Father's Birthplace	
Name of person giving Information				Mother's Birthplace	
				How related to deceased 2A	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

2 yrs

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

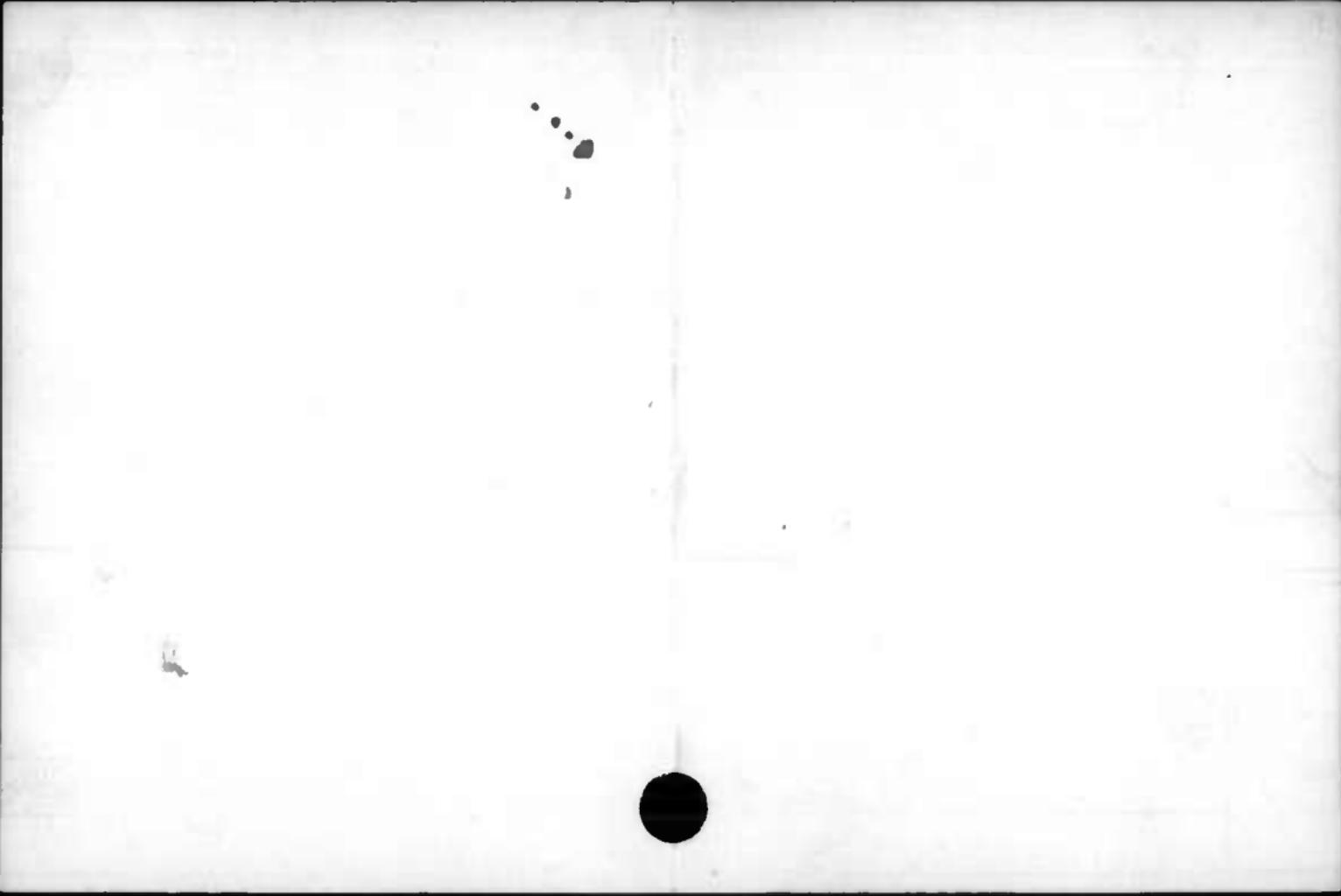
Signature of
Physician

Address

G. W. Gille

Mandarin, Med

Accident or Suicide?



Name
in
Full

Susan Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Bedminster	County Somerset	MARYLAND		
Date of death	1903	Month Oct	Day 11	Years 56	Months Days
Sex	Female	Color or Race	White	Birth- place	Virginia
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Husband	Purnell Sterling	Father's Birthplace	W
Father's Name	Gabriel Hughe		V	Mother's Birthplace	
Mother's Maiden Name	—		40	How related to deceased	—
Name of person giving Information	—				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Liver

How long

6 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

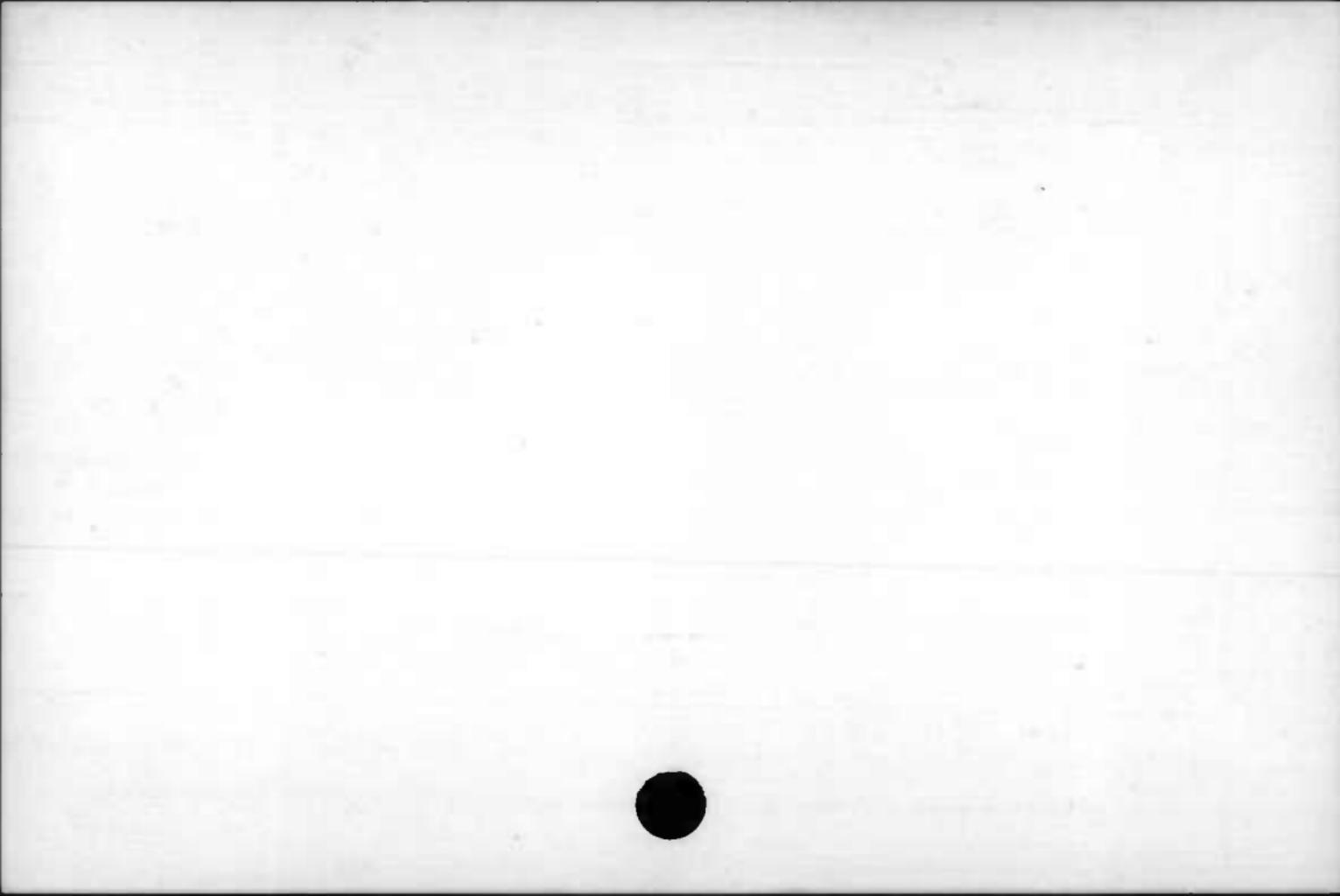
yes

Signature of
Physician

W. F. Hall
Crifield MD

Address

Accident or Suicide?



Name
in
Full

Emma Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fairmount</u> —		County <u>Somerset</u>	MARYLAND	
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>21</u>	Years <u>44</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Somerset Co</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>John Stewart</u>			
Married, Single or Widowed <u>Married</u>	Name of Husband <u>John Stewart</u>	Father's Birthplace <u>—</u>		
Father's Name <u>—</u>	Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>		
Name of person giving Information <u>Ed D. Waters</u>	How related to deceased <u>Cousin</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>One year</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>G.E. Dickinson</u>
Address <u>Upper Fairmount</u>	<u>MD</u>
Accident or Suicide? <u>—</u>	

Name
in
Full

W² Washington Waller

CERTIFICATE OF DEATH

TO BE ANSWERED BY

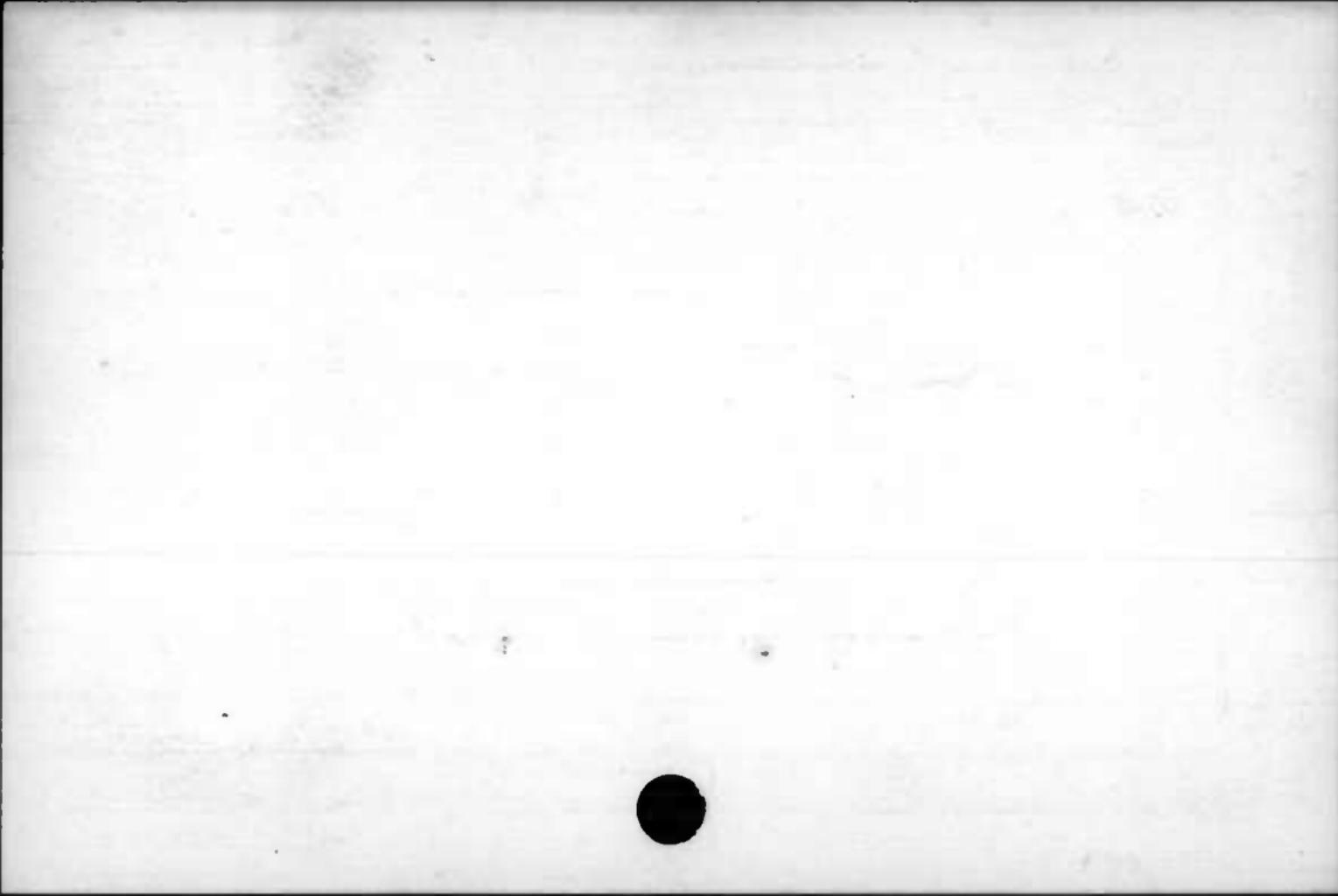
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Monie	
Occupation	Farmer		Where Residing if not at place of death	Monie		
Married, Single or Widowed	Name of Wife or Husband		Mary St. Jones	Father's Birthplace	Monie	
Father's Name	George Y.B. Waller			Mother's Birthplace	Gingawkin	
Mother's Maiden Name	Ellenora Reid			How related to deceased	Nephew.	
Name of person giving Information	Robert J. Waller					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	120	How long	1 Year
Immediate	Utraemic Poison		How long	Few hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Chas. W. Daingerfield
			Address	Princess Anne Md.
Accident or Suicide?				



Name
in
Full

Sallie White

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Oct	27	2	3	15	
Sex	Female	Color or Race	Colored	Birth-place		
Occupation	Laborer	Where Residing if not at place of death			Princess Anne	
Married, Single or Widowed	Name of Husband	Joseph White			Marie	
Father's Name	Arnold Smith				Marie	
Mother's Maiden Name	Kathleen Smith				Marie	
Name of person giving information	Joseph White				Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

12 mos

21

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James I Dennis
Undertaker

Accident or Suicide?

Name
in
Full

Laura Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Landonville		County Somerset		MARYLAND	
Date of death 1905 Oct 1st	Month	Day	Years 72	Months	Days
Sex Female	Color or Race Black	Birthplace Somerset			
Occupation None	Where Residing if not at place of death George Wilson				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased Sister				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Valvular Disease of Heart** How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. E. Dickinson

Address

Accident or Suicide?

